

## APPLICATION PACKAGE FOR ON-SITE WASTEWATER TREATMENT SYSTEMS DESIGNER LICENSE

These instructions are provided to help you complete the application for licensure. Please review each section of the application and read all instructions thoroughly before beginning. An incomplete application will result in delays and may cause postponement of your examination or licensure.

### Basic Licensing Requirements

Washington state law and administrative code require that applicants for licensure have:

- A high school diploma or equivalent, and
- A minimum of four years of approved, broad based experience, showing increased responsibility for the design of on-site wastewater treatment systems.
- Up to two years of the experience requirement may be gained through qualifying education.
- The required experience must be completed two months prior to the date of an exam in order for an applicant to be eligible for that examination.

For specific details, refer to RCW 18.210.100 and WAC 196-32-020.

### The Application Process

The application process is designed to provide the reviewing body all the information necessary to properly evaluate your experience, and to determine if that experience qualifies you to take the examination for licensure. Section 1 (green) is to be completed and sent directly to the Board, along with the fee. Section 2 (blue) must have the appropriate sections completed and then sent to the individuals you choose to verify your experience. The verifiers then complete their portion and forward Section 2 to the Board. The Board staff then puts all the sections of the application together and prepares it for review. A more detailed explanation of the verification of experience follows this section. Any applications that staff are not able to

immediately approve are then sent on to the On-Site Advisory Committee for their review. All personal information is deleted from the application to assure an unbiased review of all applications sent to the Advisory Committee. After an initial review, if more information is required to determine an applicant's eligibility, a letter is sent requesting the additional information. Once the Advisory Committee has received a complete application packet, it is again reviewed and a determination is made regarding the qualifications of the applicant. Applicants are then provided information about the examination if eligible, or information regarding appeals if determined to be ineligible.

### The Event, Experience Description, and Verification Process

The event, experience description, and verification process is designed for applicants to chronologically report and describe their experience in the required categories, and then have that experience verified. More specific instructions and a definition of an "Event" can be found in Section 1 of this packet. Each event is recorded on the Experience Record Summary page. Next, specific and detailed descriptions of your experience for each event that you wish to be considered towards the four year experience requirement need to be provided. Detailed experience descriptions allow the Advisory Committee to determine if the experience qualifies. You must convey your understanding of each category with your description; remember, all personal information is removed prior to review so you cannot rely on the reviewer knowing who you are and what you do. Your descriptions should then be sent to at least two qualified experience verifiers, as previously mentioned. Those persons qualified to verify your experience and instructions for those verifiers is provided with the instructions in Section 2 of this packet. Please be sure to make copies of your descriptions for your own

records. A copy may be sent in with Section 1 of the packet if you wish, but it is not required.

It is the responsibility of the applicant to assure that descriptions and verifications are forwarded to the Board by the verifiers in a timely manner. This may involve follow-up with the verifiers by the applicant.

### **Experience Record Summary**

Qualifying experience can be gained under various employment circumstances. The Experience Record Summary is to be used to document where and for how long the experience described for each event was gained. A new event begins at each point in your experience that your responsibility and knowledge changes significantly. This may or may not be associated with a corresponding change in employers, and will be different for each applicant.

### **Deadlines/Timelines**

The latest date for submitting the green Section 1 of this application package with the fee is three months prior to an examination. An examination schedule is enclosed. Applications received after the cut-off date will be considered for the next available examination. Section 2 of this packet and any other supporting documents must be received in the board's office as soon as possible, but not later than six weeks before the exam. Please note that the board receives hundreds of applications for any of several examinations. Therefore, it is to your advantage to submit your application as early as possible before the deadline.

### **Re-Exam Fees/Refunds**

You may withdraw from a scheduled examination without forfeiting the fee by sending a written notice to the board's office no later than six weeks before the exam date.

If an examination is not passed, state law requires that a re-examination fee be paid before you can be scheduled to take the examination again. The money submitted with your application includes both the application and examination fee. After the application has been processed the fee is not refundable. If you are not approved for an examination at this time, the fee is retained until you are eligible to take the examination.

In a rare instance when an application has not yet been processed and the applicant wishes a refund, the fee may be returned. A new application and fee would then be required to re-apply for licensure. These decisions are made on a case-by-case basis.

### **Examination Sites**

The examination site locations are strictly a function of facilities available on a given exam date and the number of applicants taking the examination. Exam candidates will be notified in writing which examination site to report to.

### **Correspondence**

When sending any correspondence to the board, please include your full name and any change of address or telephone number.

If you have any additional questions about completing this application, please write or call the board's office at: (360)664-1568, fax (360)664-2551, or e-mail [engineers@dol.wa.gov](mailto:engineers@dol.wa.gov). You may also schedule an appointment with a licensing representative.

### **Disabilities**

If you have a disability that requires special accommodation for either access to, or in taking the exam, please let us know in writing to allow us to meet your needs.

# ON-SITE WASTEWATER TREATMENT SYSTEMS DESIGNER LICENSE APPLICATION

## SECTION 1

- INSTRUCTIONS
- APPLICATION
- EXPERIENCE RECORD SUMMARY



Department of Licensing  
On-Site Program  
P. O. Box 9649  
Olympia, WA 98507

*The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-1568 or TTY (360) 586-2788.*

## Section 1

### Instructions for Completing the Application

The Application form is used to provide your personal data, education, and attach the fee for examination and license. The Experience Record Summary form is for recording all your previous and current experience. These forms (*green Section 1 of this packet*) must be completed and forwarded directly to the Board's office at the address provided.

The law allows you to substitute two years of qualifying education for up to two years of the four year experience requirement. An official transcript from your school(s) is required to confirm any education you would like to have considered. Photocopies are not acceptable. Qualifying education in the sciences and technologies of on-site wastewater treatment systems will be evaluated on a case-by-case basis. Applicants cannot get more than one year of experience credit within a one-year time period by counting education and work experience obtained concurrently.

#### **Fees**

The following fees apply:

- Designer license application – \$175.00
- Designer license re-examination – \$100.00

*Payment of the fee is the responsibility of the applicant.*

An application received **without the appropriate fee** will be returned to the applicant and will not be considered a timely submission unless returned to the Board with the appropriate fee prior to the deadline for that examination.

Make checks or money orders payable to the Washington State Treasurer. Please do not send cash through the mail.



**APPLICATION FOR LICENSURE AS AN**

**ON-SITE WASTEWATER TREATMENT SYSTEM DESIGNER**

**FEES:** Designer License Application **\$175.00**

Designer License Re-examination **\$100.00**

Make checks payable to: **Washington State Treasurer**

FOR VALIDATION ONLY

*Please type or print clearly in dark ink*

**Applicant Information**

Applicant's Name (Last, First, Middle)		Birthdate		Social Security No. (Required per RCW 26.23.150)	
Correspondence Address		City	State	Zip Code	County
Present Position					
Business Name					
Business Address		City	State	Zip Code	County
Business Phone No. ( )	Home Phone No. ( )	E-Mail Address		FAX No. ( )	
Have you previously filed an application with this office? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**Applicant Personal Data**

*Affirmative answers to any of the questions below will not necessarily disqualify you for entrance into an examination*

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government or any other jurisdiction within the past ten years? ☐ Yes ☐ No
2. Is there a criminal complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ Yes ☐ No
3. Has any professional or occupational license, certification, or permit held by you been fined, suspended, revoked, refused or denied in this state, any other state, or by any jurisdiction? ☐ Yes ☐ No
4. Have you ever had a civil court order, verdict, or judgment entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? ☐ Yes ☐ No

**Please attach a letter of explanation for any affirmative answers to the above questions, including charges(s), date of conviction, civil judgment or order, county jurisdiction, state, and disposition of charges.**

**Education**

*Use additional sheets if necessary*

Name and Location of Educational Institution (High School, Technical School, College, etc.)	Dates of Attendance		Curriculum	Degree/Date
	From	To		

Upon filing, this application becomes a public record and is subject to public disclosure provisions pursuant to RCW 42.17. I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

**Signature** **X**

Date \_\_\_\_\_



Applicant's Name \_\_\_\_\_

Please list your employers/events below, beginning with the most recent. Only that experience you wish to have considered towards the 4 year experience requirement is needed. If not verifying a listed event (*in Section 2*), please indicate “NO”.

[illegible]

# ON-SITE WASTEWATER TREATMENT SYSTEMS DESIGNER LICENSE APPLICATION

## SECTION 2

- INSTRUCTIONS
- EXPERIENCE DESCRIPTION
- EXPERIENCE VERIFICATION



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On-Site Program  
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Olympia, WA 98507

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## Section 2

### Instructions for Completing the Experience Description and Experience Verification

The Experience Description form is used to describe *in detail* your on-site wastewater treatment system design experience. The Experience Verification form is then used to have that experience verified.

WAC 196-32-020 requires four (4) years of broad based, progressive field and office experience in the design of on-site wastewater treatment systems. The approval of the experience is based on the verifications provided by the applicant, the level of independent judgments and decisions, and the demonstration of the ability to work within the regulatory structure.

This experience is broken down into eleven categories (A-K) for each event. ***It is extremely important for you to provide sufficient information for the Advisory Committee to properly evaluate your experience.*** Do not depend on the length of time you have been performing design work to allow you entrance into the exam. When describing your experience for each event and applicable category, be specific about your contribution to on-site design projects. Avoid terms like “participated in”, “involved with”, or similar generalities. Precisely describe your exact duties, activities, and responsibilities. Explain in detail your thought processes. **You must provide enough detail in your experience descriptions to convey your understanding of the category – *this cannot be emphasized enough.***

You may consider taking the “How and Why” approach. For example, when describing “*Site soil assessment*”, avoid such descriptions as “*For all of my designs I evaluate soils, soil structure and compaction, etc.*” Instead, describe *how* and *why* you evaluate the soils, and *how* you determine texture and *why* texture is important, etc. The On-Site Advisory Committee must be able to visualize your daily activities.

After completing your portions, send this blue Section 2 to the person(s) verifying your on-site design experience for the event. Additional sheets may be attached if needed. When using additional sheets, please remember to identify the categories (A-K) you are describing.

You must provide not less than **two** verifications of experience. It is absolutely necessary to provide **verification of all the on-site experience you wish to have considered towards the four-year experience requirement.** The processing of your application cannot be completed until the verifications have been received by the board. To be considered valid, each event must be verified by one of the following means:

- Verification of your experience by a local health official in the on-site wastewater treatment field;
- Verification of your experience by state regulatory official in the on-site wastewater treatment field;
- Verification of your experience by a professional engineer registered and in good standing in the state of Washington under RCW 18.43; or
- Verification of your experience by a person currently **licensed** by the Engineers Board to perform on-site design services and who is in good standing under RCW 18.210.

An On-Site Designer Practice Permit holder is **not** a licensee, and therefore is not qualified to verify your experience.

If you are verifying only one event to qualify for licensure, it must be verified by at least two qualified persons described above.

#### **Experience Verifier Instructions**

The applicant indicated on this form is required to have his/her experience verified by not less than two qualified persons. If you have received this form, the applicant has identified you as a potential experience verifier. Please complete the Experience Verification Form, after reviewing the Experience Description form completed by the applicant. When you have completed the experience verification, please return this Section 2 packet to the Board at the address provided. Approval of the applicant’s entrance into the examination is partially based on an evaluation of the experience reported by the applicant and verified by you on this form.





## EXPERIENCE DESCRIPTION

– to be completed by applicant –

### Work Experience Information and Description:

Event No. \_\_\_\_\_  
 (From corresponding record summary)

Applicant's Name <i>(Last, First, Middle)</i>		Employed By <i>(Self or Company Name)</i>		
Job Title		Employed From	To	Average Hours per Week
Supervisor's Name and Title <i>(If Applicable)</i>				
Supervisor's Business Address	City	State	Zip Code	Phone No. (      )

***For this event, describe your experience in:***

**A. Site soil assessment**

**B. Hydraulics**

### **C. Topographic delineations**



### **D. Use of specialized treatment processes and devices**

### **E. Microbiology**

**F. Construction practices**



**G. Applying state and local health regulations**

**H. Field identification and evaluation of site conditions**

**I. Conducting related research**



**J. Interacting with clients and the public**

**K. Demonstrating an understanding and concern for environmental considerations and public health**

# **EXPERIENCE VERIFICATION** *– to be completed by experience verifier –*

Applicant's Name \_\_\_\_\_ Event No. \_\_\_\_\_

Name of Person Verifying \_\_\_\_\_ Phone No. (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Washington State law (RCW 18.210.120) indicates that applicants shall provide not less than two (2) verifications of experience from licensed professional engineers, on-site wastewater treatment system designers licensed under chapter 18.120 RCW, **or** state/local regulatory officials in the on-site wastewater treatment field who have direct knowledge of the applicant's qualifications to practice in accordance with chapter 18.210 RCW and who verify the applicant's work experience.

**Please choose from the following selections, indicating your affiliation with the applicant, and provide the information requested.**

☐ Local Health Department Official

Name of Health Department/District \_\_\_\_\_

Your Title \_\_\_\_\_

☐ Professional Engineer

License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ State Licensed On-Site System Designer

License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please answer the following questions to the best of your ability:**

Do you feel qualified and prepared to verify the experience in categories A through K described on the previous pages and listed below?

☐ Yes ☐ No

Do you agree with the applicant's employment time?

☐ Yes ☐ No

Do you agree with the applicant's description of work/duties/responsibilities?

☐ Yes ☐ No

If you answered **no** to any of the above, please explain: \_\_\_\_\_

During this employment time, how long has the applicant been in a position of making independent judgments and decisions?

\_\_\_\_\_ years/months

**Please check the categories listed below in which you believe the applicant is competent and prepared to be examined for admission to the profession. If unable to check, please explain:**

☐ A. Site soil assessment

☐ B. Hydraulics



☐ C. Topographic delineations

☐ D. Use of specialized treatment processes and devices

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☐ K. Demonstrating an understanding and concern for environmental considerations and public health

Would you recommend this applicant for licensure if the requirements are met? ☐ Yes ☐ No

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

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## SECTION 2

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- Verification of your experience by a person currently **licensed** by the Engineers Board to perform on-site design services and who is in good standing under RCW 18.210.

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Supervisor's Name and Title <i>(If Applicable)</i>				
Supervisor's Business Address	City	State	Zip Code	Phone No. (     )

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**Please choose from the following selections, indicating your affiliation with the applicant, and provide the information requested.**

☐ Local Health Department Official

Name of Health Department/District \_\_\_\_\_

Your Title \_\_\_\_\_

☐ Professional Engineer

License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

☐ State Licensed On-Site System Designer

License Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Please answer the following questions to the best of your ability:**

Do you feel qualified and prepared to verify the experience in categories A through K described on the previous pages and listed below?

☐ Yes ☐ No

Do you agree with the applicant's employment time?

☐ Yes ☐ No

Do you agree with the applicant's description of work/duties/responsibilities?

☐ Yes ☐ No

If you answered **no** to any of the above, please explain: \_\_\_\_\_

During this employment time, how long has the applicant been in a position of making independent judgments and decisions?

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☐ K. Demonstrating an understanding and concern for environmental considerations and public health

Would you recommend this applicant for licensure if the requirements are met? ☐ Yes ☐ No

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_